

CLAIM AMENDMENTS

1. (Currently Amended) A diagnostic method for determining autoimmune disease or cancer susceptibility comprising the step of:

haplotyping an individual in a Fas ligand promoter region extending from nucleotide – 1032 to nucleotide +33, wherein a T at position –844 is an indication of susceptibility to autoimmune disease ~~or cancer~~.

2. (Canceled)

3. (Currently Amended) The method of claim [[2]] 1, wherein ~~said polymorphism position –844~~ is a nucleotide present in a nucleotide sequence active in binding NF-IL6 transcription factor.

4. (Withdrawn) The method of claim 2 wherein said polymorph is active in binding TCF/LEF-1.

5. (Currently Amended) The method of claim [[2]] 1, wherein haplotyping further comprises the polymorphism selected from a group consisting of: –844, –756, –478 and –205.

6. (Withdrawn) A method for identifying susceptibility to a disease, said method comprising:

identifying a first Fas ligand promoter genotype at a nucleotide site of an individual;

quantifying susceptibility of said individual to the disease; and

comparing susceptibility of said individual to the disease to susceptibility of a second individual, said second individual having a second Fas ligand promoter genotype, the second Fas ligand promoter genotype being dissimilar from the first Fas ligand promoter genotype.

7. (Canceled)

8. (Withdrawn) The method of claim 1 wherein said nucleotide site is –756.

9. (Withdrawn) The method of claim 1 wherein said nucleotide site is –478.

10. (Withdrawn) The method of claim 1 wherein said nucleotide site is -205.
11. (Canceled)
12. (Withdrawn) The method of claim 1 wherein said nucleotide site binds TCF/LEF-1.
13. (Withdrawn) A Fas ligand promoter single nucleotide polymorph.
14. (Withdrawn) The Fas ligand promoter of claim 13 wherein said single nucleotide polymorph is -844 C/T.
15. (Withdrawn) The Fas ligand promoter of claim 13 wherein said single nucleotide polymorph is -756 A/G.
16. (Withdrawn) The Fas ligand promoter of claim 13 wherein said single nucleotide polymorph is -478 C/T.
17. (Withdrawn) The Fas ligand promoter of claim 13 wherein said single nucleotide polymorph is -205 C/6.
18. (Withdrawn) A diagnostic Fas ligand promoter primer comprising a nucleotide sequence selected from a group consisting of SEQ ID numbers 1, 2, 3, 4, 5 and 6.
19. (Withdrawn) A test kit for disease susceptibility comprising: reagents for assaying for a single nucleotide polymorph within a Fas ligand promoter gene of an individual together with instructions for the use thereof as a diagnostic.
20. (Canceled)
21. (Withdrawn) The use of claim 19 wherein said disease is selected from a group consisting of autoimmune disease and non-lymphatic cancer.

22. - 23. (Cancelled)

24. (Withdrawn) A diagnostic method for determining autoimmune disease or cancer susceptibility comprising the step of:

haplotyping an individual in a Fas promoter region.

25. (Withdrawn) The method of claim 1 wherein haplotyping occurs at a polymorphism in the Fas promoter region.

26. (Withdrawn) The method of claim 1 wherein haplotyping comprises the polymorph selected from a group consisting of: -690 and -95.

27. (Withdrawn) A Fas promoter single nucleotide polymorph located at a nucleotide site greater than -660 or less than -680.

28. (Withdrawn) The Fas promoter of claim 27 wherein said single nucleotide polymorphism is -690 T/C.

29. (Withdrawn) The Fas promoter of claim 27 wherein said single nucleotide polymorphism is -95 G/A.

30. (Withdrawn) A test kit for disease susceptibility comprising: reagents for assaying for a single nucleotide polymorph within a Fas promoter gene of an individual together with instructions for the use thereof as a diagnostic.

31. (Withdrawn) Use of a single nucleotide polymorph within a Fas promoter gene of an individual for determining susceptibility of said individual to a disease.

32. (Withdrawn) A method for identifying susceptibility to a disease, said method comprising:

identifying a first Fas promoter genotype in a nucleotide site of an individual;

quantifying susceptibility of said individual to the disease; and

comparing susceptibility of said individual to the disease to susceptibility of a second individual, said second individual having a second Fas promoter genotype, the second Fas promoter genotype being dissimilar from the first Fas promoter genotype.